## S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 OF 94 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Friends of Dave Joyce		
Full Name (Last, First, Middle Initial) Intuit  Mailing Address 2632 Mountain Way  City State Mountain View CA  Purpose of Disbursement SOFTWARE UPDATE  Candidate Name  Office Sought: House Disbursement Formula Primar President State: District:		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Lockkeepers  Mailing Address 8001 ROCKSIDE ROAD  City State VALLEY VIEW OH  Purpose of Disbursement FOOD FOR MEETING  Candidate Name	Zip Code 44125 001 Category Type	Date of Disbursement  M M M / D D / Y Y Y Y Y  O3 / O2 / 2015  Amount of Each Disbursement this Period  94.68  Transaction ID: B-E-6003
State: District:  Full Name (Last, First, Middle Initial)  Mirage Hotel  Mailing Address 3400 Las Vegas Boulevard S  City State 2 Las Vegas NV		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement HOTEL  Candidate Name  Office Sought: House Senate Primar President Other  State: District:		327.04  Transaction ID : B-E-5999

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....